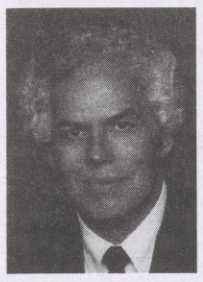
UCSF Medsounds Newsbreak

Weekly News for the UCSF Community VOL. 12, NO. 27 OCTOBER 7, 1997

Stanley Prusiner wins Nobel Prize

Stanley B. Prusiner, 55, professor of neurology and biochemistry and biophysics at UCSF, was awarded the Nobel Prize in Physiology or Medicine yesterday for discovering an entirely new disease agent, called a prion, which is implicated in rare, slowly progressing brain diseases.


Prusiner

Prusiner's elegant work and seminal experiments, often conducted and presented in the face of skepticism and controversy, have proved revolutionary in establishing the cause of some of the most baffling and deadly diseases of the central nervous system.

One of these infectious prion (pronounced PREE-on) diseases — "mad cow" — has made headlines around the world in recent years as the cause of an epidemic in Great Britain. The cattle were fed meat and bone meal from sheep contaminated with prions from another infectious prion disease, scrapie. Scrapie, a common and usually fatal infectious brain disease of sheep and goats, is so named because of the infected animal's behavior of constantly scraping against objects and shedding its hair while losing coordination and stumbling about. In 1982, Prusiner proposed that the infectious agent causing scrapie is a mysterious pathogen which he named the prion, for proteinaceous infectious particle.

Infectious prions also are responsible for fatal human diseases of the central nervous system, such as Creutzfeldt-Jakob disease (CJD) and Gertsmann-Straussler-Scheinker syndrome (GSS). Similar in some ways to Alzheimer's, these diseases typically result in dementia and death after a long process. Striking one in one million people, CJD has been linked to infected beef. The most exotic infectious prion disease of humans is kuru, which was spread among New Guinea aborigines by ritualistic cannibalism.

Prusiner's Nobel Prize-winning research has demonstrated that unlike other pathogens — bacteria, viruses, protozoans and fungi — the prion contains no genetic material. It is mostly a protein. To set forth what many scientists considered to be the heretical idea that the transmissible agent in several rare neurodegenerative diseases is a protein, and not a slow-acting virus as had been generally thought, required great scientific and personal courage.

"He has traveled a long and hard road to get here," says Chancellor Haile Debas, dean of the School of Medicine. "But his single-mindedness and perseverance have won the day and have proven once more that those scientists ahead of their time and who defy dogma, will eventually taste sweet success."

The UCSF community toasted with champagne Prusiner's feat at a celebration in the Medical Sciences Building yesterday morning. It was a party that Prusiner himself could not attend as the longtime UCSF professor is in Bethesda, MD, at a meeting of the Food and Drug Administration's Advisory Committee on Transmissible Spongiform Encephalopathies. (Bovine Spongiform Encephalopathy is the formal name of mad cow disease, which turns the brain into a sponge-like or Swiss-cheese consistency.)

"Dr. Prusiner's work is an example of what research universities do best — advancing fundamental knowledge that so often has stunning practical benefits for individuals and society," says UC President Richard C. Atkinson. "His achievement is in the best tradition of the University of California and we are delighted to welcome another Nobel Laureate to the ranks of our faculty."

Prusiner's award brings the total of UCSF's Nobel Prize winners to three. J. Michael Bishop and Harold Varmus, who discovered the genes, called proto-oncogenes, that can lead to cancer, received the prestigious prize in 1989.

The identification of prions that appear to replicate without genes is one of the most revolutionary conceptual advances in medicine and has opened a new era of biological research. A better understanding of prion diseases may advance research into neurodegenerative disorders, and could provide insight into the processes by which nerve cells assume specific forms and functions, perform these roles for decades, and then become senescent.

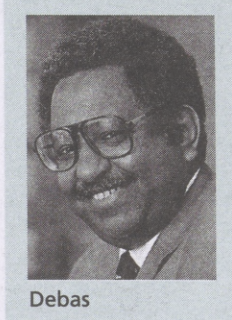
Scrapie, recognized for some 200 years, figures prominently in mad cow disease

(See **Prusiner** on page 2)

Chancellor to give speech tomorrow

Chancellor Haile Debas will use his state of the campus speech tomorrow, Oct. 8, at noon to discuss Stanley Prusiner's accomplishment and the future of UCSF, following the merger of its medical center with Stanford.

Debas, who took the helm as Chancellor in July on top of his duties as dean of the School of Medicine, will talk about Prusiner's Nobel Prize award for his pioneering research into neurodegenerative diseases. His scientific feat represents what UCSF can reap as it distinguishes itself as an advanced basic scientific research enterprise in the post-merger period.


Debas

One of the most significant events in defining its presence as a world-renowned scientific and research hub is the development of the Mission Bay campus, the 43-acre site where UCSF plans to develop 2.65 million square feet of biomedical laboratory space as well as other facilities. The architectural competition for Mission Bay, now under way, will include exhibitions of design plans and a campuswide forum on Tuesday, Oct. 28. (See upcoming events.) The competition will conclude next month.

Debas also plans to cover topics such as campus life and diversity issues. He also will answer questions from the audience. Those unable to attend the presentation in Cole Hall may view a telecast to Mission Center Building, fourth floor commons; UCSF/Mount Zion, Executive Board Room; SFGH, Carr Auditorium; and the VAMC, Teak Room.

Robert Foothorap

A heart-warming reunion

More than 600 families from all over the country attended the first-ever UCSF Pediatric Cardiology Reunion, which took place on campus on Sept. 27. Most of the toddlers were born with heart defects and had successful surgeries at UCSF. Pictured above is Rebecca Savoie, 1, being held by Renee Gottliebson, wife of a UCSF cardiology fellow, while David Teitel, UCSF professor of pediatrics and chief of the UCSF Division of Pediatric Cardiology, looks on.

Protease inhibitors fail in half of HIV patients at SFGH

By ALICE TRINKL

In a retrospective study of 136 HIV-infected patients who took potent protease inhibitor therapy, more than half of the patients developed evidence of drug failure on the treatment, UCSF researchers have reported.

"This was a 'real world' study," says Steven Deeks, UCSF assistant professor of medicine in the UCSF AIDS Program at San Francisco General Hospital. "We were looking at patients who were not the idealized research patient typically found in a clinical trial, but the average patient seen by our physicians in a public health hospital."

"We are concerned that the long-term efficacy of these drugs may be limited, particularly for patients who begin treatment with advanced HIV disease and for people who have been on multiple drugs in the past," Deeks says.

Deeks and his colleagues found that the success rate for the clinic patients in the study was much lower than that reported in clinical trials. In their study, 53 percent of the patients had evidence of treatment failure after at least six months of therapy. In contrast, failure rates in controlled clinical trials are usually in the 10 percent to 20 percent range.

"Clinical trials tend to enroll patients who are healthy, who haven't been on much therapy in the past and who are highly motivated; they are not the typical patient," Deeks says.

In a detailed analysis, the researchers found that those who failed treatment were patients who had one or more risk factors. The risk factors included having begun therapy when the patient had a low T cell count, had a high viral load,

(See **Protease** on page 2)

UCSF Stanford officials help ease merger transition anxiety

While excited about creating one of the most innovative academic medical centers in the nation, UCSF Stanford Health Care officials, nevertheless, recognize that changes in employment status are not easy.

"Despite the effort to cushion our employees from any detrimental impacts of the transition, it must be acknowledged that change of any magnitude is uncomfortable," Wintroub says. He urges supervisors and managers to be sensitive to employees as they go through a period of adjustment.

Less than a week after the UC Board of Regents approved the merger of the medical centers at UCSF and Stanford University, Peter Van Etten, chief executive officer of UCSF Stanford, visited UCSF/Mount Zion to talk with and listen to the staff. He acknowledged the anxiety the Mount Zion staff feels about the hospital's future role as a result of the merger.

"In some ways, that anxiety is shared by all of us in health care," he said.

A primary purpose of the merger is to create an economically stable clinical enterprise positioned to draw a larger share of patients in the Bay Area market, Van Etten said. UCSF Stanford expects to win a larger market share of patients requiring complex care.

Currently, UCSF and Stanford account for about 11 percent of the complex care cases in the Bay Area. UCSF Stanford Health Care expects to increase that percentage by aggressively marketing the merged medical center as a cost-efficient provider of highly sophisticated care.

UCSF Stanford remains committed to developing a regional cancer center at Mount Zion that will provide the most sophisticated care available anywhere in the world, Van Etten said.

But the economic health of the merged enterprise and the teaching missions of the medical schools also depend on sufficient numbers of primary and secondary care patients. And as such, UCSF Stanford must remain an important source of primary and secondary care.

Van Etten sees Mount Zion playing an important role in both primary and complex care. He hopes to see the new organization enhance that role through the development of new programs in women's health, geriatrics and primary care.

After a series of one-on-one meetings and group discussions with Mount Zion staff, Van Etten says his "first commitment" is to respect the independence and unique role of each of the organization's four acute care hospitals.

After his visit to Mount Zion, Van Etten spoke enthusiastically about the need to preserve the unique relationship the hospital shares with the community, its patients, and its staff. "This is a small family. It's a very, very special organization," he said.

Van Etten challenged recent newspaper reports about the impact the high cost of earthquake retrofitting might have on Mount Zion's future. Virtually every other hospital in the state faces the same dilemma, he noted. UCSF Stanford is aware of the need for seismic work at Mount Zion. The merged enterprise plans to make physical renovations at Mount Zion so that the site is more pleasant and safe for patients and staff, he noted.

Prusiner (from page 1)

because until 1989, it was common for sheep offal (the leftovers after an animal has been butchered) to be used in cow feed. First discovered in Britain in 1986, mad cow disease resulted in a peak of mad cow infections in 1992 and has been declining since. In 1994, the FDA proposed that certain sheep offal, primarily adult sheep, be banned in animal feed. The disease has not affected cattle in the US.

From the brains of scrapie-infected animals, Prusiner and his colleagues purified the prion, which appeared to be composed only of protein. When Prusiner looked in the prion for a nucleic acid (DNA or RNA) that could direct the synthesis of progeny prions, he was unable to find one.

This discovery posed a conundrum that seemed to threaten the very foundations of modern biology, as nucleic acids are the building blocks of genes, the basic units of heredity found in all living organisms, including viruses. These genes must be passed on to progeny in each generation. Genes encode proteins which are the action molecules of life, controlling metabolism, movement and growth. Yet prions, apparently lacking genes, multiply nonetheless.

Research conducted by Prusiner and his colleagues revealed that the protein of the prion was derived from a normal protein that is encoded by a gene found in all animals examined, including humans. Prusiner called this protein "prion protein," or PrP.

In 1986, Prusiner and his colleagues substantially advanced prion research when they found that the tempo of scrapie in animals is controlled by the sequence of nucleic-acid building blocks in the gene encoding PrP. Three years later, they reported that patients dying of GSS syndrome possess a specific nucleic-acid substitution, or mutation, in the PrP gene. Slightly different mutations in the PrP gene were also found in familial CJD.

Next, Prusiner and his colleagues produced genetically engineered (transgenic) mice harboring PrP genes with the human disease mutation. As a result of this genetic alteration, these animals spontaneously developed brain degeneration similar to that seen in scrapie after inoculation with prions.

The finding from these studies that prion disease can arise as a result of genetic alterations posed yet another riddle for those scientists who believed that scrapie, GSS and CJD are caused by slow-acting viruses, which are not transmitted across generations according to the laws of genetics. The results of the experiments on genetically engineered animals led Prusiner to conclude that prion disease can be inherited as well as infectious, a truly unprecedented notion.

His ideas explained how prion diseases of humans can (1) arise spontaneously in some people, (2) be inherited by patients who have a family history of prion disease, or (3) be acquired by infection.

In a study that spanned almost a decade, Prusiner and his colleagues searched for the difference between the normal and disease forms of the prion protein. They eventually discovered that the normal form of PrP is folded into a twisted corkscrew or helical shape, whereas the disease-associated form exists as a flattened sheet.

For several decades each protein has been thought to have only a single, natural shape. Therefore Prusiner, by demonstrating that the normal corkscrew form of the prion protein can change its shape into the disease-associated sheet-like form, again challenged another basic tenet of biology. Shape is vital to a protein, because it determines protein activity.

Studies with genetically engineered mice over the past six years have revealed that the interaction of the normal, or "C" form of PrP, with the diseased, or "S" form, underlies the multiplication of prions. The disease form of PrP seems to act as a template for the refolding of normal PrP into a second diseased PrP.

Prusiner emphasizes that prion replication is a complicated process. In a family with a history of inherited prion disease, two different "C" forms of PrP can exist in the same individual. One "C" form of PrP is the normal, or as geneticists call it, the wild-type form and the other "C" form of PrP is a mutant one. A mutation within the PrP gene programs the brain to produce mutant PrP in which one or more amino acids have been changed. The amino acid substitution seems to destabilize the "C" shape of PrP and render it more susceptible to folding into the "S" form. Among humans carrying a mutation of the PrP gene, nearly all will develop prion disease, whereas only one in a million with normal PrP become ill.

Using transgenic mice carrying artificial PrP genes, Prusiner and his colleagues also have begun to unravel the mysteries of the "species barrier," the obstacle that minimizes transmission of prion disease from one species to another. The UCSF researchers have constructed artificial genes by embedding a segment of the PrP gene from the human or hamster within that of the mouse, and they have found the barrier is due to slight differences among species in the amino acid sequence of the prion gene.

Genetically engineered mice have also been used by Prusiner and his colleagues to investigate some of the processes that cause brain degeneration in humans. The accumulation of the "S" form of PrP, sometimes as large clumps or plaques in the brain, seems to be responsible for the pathologic insults that the brain suffers as it undergoes degeneration. From these and other investigations, Prusiner concludes that prion diseases are disorders of protein shape.

While Prusiner indisputably continues to be a leader in the study of neurodegenerative diseases, he credits the many years of hard work by his many talented colleagues for his success. His own dedication to advancing investigations of all neurodegenerative diseases, including more common disorders such as Alzheimer's disease, Parkinson's disease and ALS (Lou Gehrig's disease), is widely recognized.

Prusiner was born in Des Moines, Iowa and received his undergraduate training and MD degree from the University of Pennsylvania. He is the winner of numerous awards and honors including the Albert Lasker Basic Medical Research Award, the Potamkin Prize, the Wolf Prize, the J. Elliott Royer Award, the Ehrlich-Darmstaedter Award, the Gairdner Foundation Award, the Charles A. Dana Award and the Max-Planck-Forschungspreis.

Protease (from page 1)

had already been on antiretroviral drugs in the past, or had problems in complying with the treatment regimen, Deeks says. T cells are the body's infection-fighting cells that are killed off by infection with HIV. A high viral load means the infected person has large quantities of HIV circulating in the blood.

According to the researchers, their data supports recent guidelines recommending that HIV-positive patients initiate triple drug therapy with two nucleoside analogs and a protease inhibitor at the same time rather than using the weaker nucleoside analogs to begin with and adding a protease inhibitor later. "Our data supports the 'hit hard, hit early' philosophy recently recommended by two different panels of experts," Deeks says. "Treatment should begin before the patient's T cells drop to low levels."

The researchers reviewed medical charts of about 450 patients who were seen at SFGH from March 1996 through March 1997. Nearly 200 of these patients were treated with a protease inhibitor, such as indinavir or ritonavir, in combination with at least one and often two other antiretroviral drugs.

Ten of the 200 patients died, 25 were unable to tolerate the drugs, 136 had long term follow-up, and the remainder had limited follow-up, so were not included in the final analysis.

Deeks emphasized that their results should be understood in the context that most of the patients were in relatively advanced stages of HIV disease. "We don't know the long-term activity of protease inhibitors for healthy people who begin them in combination with other drugs, as is currently recommended," he says.

Treatment provides near-blind patient a 'ray of hope'

A New Jersey woman's battle against an invasive tumor — and impending blindness — has led her to UCSF Medical Center for an unusual radiation treatment that may save both her eyesight and her life.

"It is literally a ray of hope," says Gina Foster, 41, a widow and mother of two who is in San Francisco for several weeks of treatment by UCSF radiation oncologist David Larson.

Foster faces losing vision in her left eye due to an optic meningioma, a rare slow-growing tumor that first made her blind in her right eye in 1992. Although the most common treatment—surgery—could remove the tumor, the procedure would cut the optic nerve, resulting in total blindness.

Because the tumor is so rare, few specialists in the US have the experience Larson has with these cases. Larson has treated nearly 40 such patients with radiation.

Specialists treating Foster at the Wills Eye Hospital in Philadelphia, who consulted with both Larson and William Hoyt, UCSF professor emeritus of ophthalmology and neurosurgery, recommended that she travel to UCSF for the radiation treatment.

Chris T. Anderson

Gina Foster talks to radiation oncologist David Larson.

"There is a tumor on her right side that could grow into the brain and threaten her life," Larson says. "We want to stop it from growing. There is an extremely low chance of causing damage to her eye."

Larson, professor in residence in the departments of radiation oncology and neurosurgery, expects to give Foster a 30-minute treatment of low-dose radiation five times a week over a total period of seven weeks. Foster is now beginning her last week.

The treatment is aided by the use of a recent technology called 3-dimensional conformal radiation which allows multiple X-ray beams of radiation to be designed with the use of computer software to pinpoint the target area.

Each day, a mesh mask made from a mold of her face is applied to keep Foster's head in place during the treatment. While she remains perfectly still listening to music, three radiation beams are focused precisely on the tumor.

Even 10 years ago, when Foster was first diagnosed with optic nerve sheath meningioma, Larson acknowledges radiation treatment for such tumors was seen as new and controversial. But with recent advances in Magnetic Resonance Imaging (MRI) scans that provide more accurate mapping of the tumor as well as advances in radiation therapy itself, "It has become almost pointless to do surgery for these types of tumors," Larson said.

For Foster, the past few years have been both traumatic and challenging. And, Foster is aware she is not yet out of the woods. "At least, this offers a chance," Foster says. "Because I'm at risk of losing my sight, I've really learned to appreciate vision as a tremendous gift. Right now, it's wonderful just to see the flowers in Golden Gate Park."

—Dale Martin

Private Support

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Mr. and Mrs. Donald H. Kahn
Stan Rosenfeld
Siemens Medical Systems, Inc.
Frances C. Strauss

UCSF Newsbreak

(ISSN0891-6063) Volume 12, Number 27, Oct. 7–13, 1997. Published by the University of California, 3333 California St., Suite 103, San Francisco, CA, 94143-0462, 29 issues per year – bi-weekly January through June, weekly July through October, bi-weekly November, and monthly December. Periodical postage paid at San Francisco, CA. POSTMASTER: Send address changes to UCSF Newsbreak, Public Affairs, UCSF, Laurel Heights, 3333 California St., Suite 103, San Francisco, CA 94143-0462.

Deadline for the next issue, to cover October 14–20, 1997, will be on **Wednesday, October 8.** Please send news to Lisa Cisneros at 476-3256 (cisnero@itsa.ucsf.edu) and calendar items to Nancy Heller at 476-8810 (nheller@itsa.ucsf. edu), all at Box 0462. Fax last-minute copy to 476-3541. For address and distribution changes, call C.J. Burleson at 476-6791.

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This publication is printed on recycled paper using soybean-based inks.

Program hopes to enroll more women in breast cancer clinical trials

By DALE MARTIN

Despite widespread public attention and increasing research dollars to breast cancer, many women are reluctant to enroll in the clinical trials that may advance treatment of breast cancer.

A UCSF Cancer Center team hopes to find out why by launching a four-year study that is expected to improve the accrual rate of patients in breast cancer clinical trials. The project is one of several being funded by a $4.3 million grant from the US Department of Defense to UCSF and California Pacific Medical Center.

"We want to understand what the barriers are for women so we can remove them and clear the way for more clinical research," says Debu Tripathy, UCSF assistant clinical professor in the division of hematology and oncology.

Clinical trials, Tripathy notes, are the best tool for finding new treatments for breast cancer, and such studies have made a difference in many other diseases.

Leading the study are Tripathy and Laura Esserman, UCSF assistant professor of surgery and director of the UCSF Breast Care Center.

Breast cancer specialists already have anecdotal information regarding the reluctance of women to join research studies, but there has been no scientific analysis of the reasons.

"Many women are afraid of things they don't understand, and many don't understand clinical trials," says Beth Brown, research specialist with UCSF Women's Health, a national center of excellence. "Some women are being confronted with joining a study at a time when they are also being forced to make decisions about their lives. It's not an easy thing to do."

The most frequently diagnosed non-skin cancer among women in the US, breast cancer is second only to lung cancer in cancer-related deaths. About 180,000 new cases of breast cancer will be diagnosed in 1997, and about 44,000 women are expected to die from the disease, according to the American Cancer Society.

As October's National Breast Cancer Awareness Month begins, the staff at the UCSF Breast Care Center is urging women with the disease to help find a cure by joining a clinical trial.

About 3 percent of eligible breast-cancer patients participate in clinical trials, according to statistics from the National Cancer Institute (NCI). Women of color have an even lower representation among such studies. This compares to children's cancer, which has a 45 to 50 percent enrollment in clinical trials, and is a major reason for a substantial increase in survival rates over the years, according to UCSF and NCI children's cancer experts.

Clinical trials have a bad connotation for some women, who believe they may be used as guinea pigs, Brown says. Women from different ethnic groups also have their own barriers to participating, from language to cultural views about cancer.

Tripathy says that women are more likely to enroll in clinical studies if their cancer is in an advanced stage that has spread to other organs, since conventional treatment is rarely curative.

"But that's not where many of the ground-breaking clinical trials that could improve survival are," Tripathy explains. "Even though new drugs are often first tested in women with advanced breast cancer, most women in this country are diagnosed with early-stage breast cancer."

He adds, "These therapies might be much more effective in early stages, but we won't find out unless women participate."

Brown emphasizes that women do need to know the stark truth about clinical trials. "Women need to understand that their participation probably will not help them individually, but it will ultimately serve womankind," she says. "They have to be interested in their heritage, their progeny, their next-door neighbor. It may not be something they benefit from directly."

Still, there are other advantages for a woman to join a clinical study, Brown says. People who participate in clinical trials may receive better care because they are being more closely observed.

In addition, Brown notes that not all trials involve experimental drugs. One current trial at the UCSF Cancer Center, for example, looks at the impact of yoga and emotional-support groups on a woman's health.

Brown says she understands the anger of women around the seeming lack of choices in breast-cancer treatment. But there is also an irony in those emotions. "Women say there needs to be better treatment. But if there aren't clinical trials, how are we going to develop those treatments?"

Study needs women with breast cancer

Women in the Bay Area who have been diagnosed with breast cancer within the past 18 months or who have metastatic breast cancer are needed for a clinical study that will examine the impact of two kinds of lifestyle and personal-support programs on a patient's mood, health and well-being.

The study is offered through the Bay Area Breast Care Program, a collaboration between the UCSF/Mount Zion Breast Care Center and programs of the California Pacific Medical Center (CPMC).

The study will compare a more traditional support program to an intensive integrated program for women with breast cancer. Women will be placed at random into each of two programs:

- A 12-week "Life Issues Support Group" that meets 1-1/2 hours a week and emphasizes coping skills and will discuss such topics as communication, intimacy and expression of emotions.
- An "Integrated Support Program" which features a support group, nutrition and exercise information as well as a stress management, yoga, meditation, guided imagery and movement therapy. The group will meet 2-1/2 hours twice a week for 12 weeks.

All women may continue in their support groups after completing the study if they choose.

The research trials are free and the groups are offered in a cozy, relaxed environment that includes a living room, art room and breast- cancer library that is available to all participants.

The UCSF-CPMC program is located at 2330 Post St., on the fifth floor. For more information, call 885-7877.

Breast cancer awareness events

October is Breast Cancer Awareness Month across the country. Here's a list of events in which UCSF faculty and staff will participate:

- RACE FOR THE CURE — See upcoming events on page 4.
- BROWN BAG LECTURES — On Tuesday, Oct. 21, Frank McCormick, director of the UCSF Cancer Center and the Cancer Research Institute, will discuss "New Directions in Cancer Research," at noon at UCSF/Mount Zion's Herbst Hall. And on Wednesday, Oct. 22, Laura Esserman, director of the UCSF Breast Care Center, will discuss the biology of breast cancer as well as current and upcoming treatments. Presented by UCSF Public Service Programs. Call 476-4394 for more information.
- COMMONWEALTH CLUB PROGRAM — On Monday, Oct. 13, Esserman will speak at the Club, 595 Market St., San Francisco, at 5:30 p.m. Ticket prices are $7 for members; $10 for the public. Call 597-6705 for more information.
- BREAST CANCER SEMINAR — On Tuesday, Oct. 28, from 2 to 3:30 p.m., UCSF cancer researcher Zena Werb, professor of anatomy, will share the stage with Evelyn Lauder, senior corporate vice president of Estee Lauder Companies Inc., and founder of the Breast Cancer Research Foundation, (BCRF) during a seminar at Nordstrom in the San Francisco Centre. Werb, who receives funding from the Foundation, will discuss her cell research and how it may provide important clues to how breast cancers can be controlled in the future. Call 243-8500, ext. 1416 for more information. A $25 donation to the BCRF is requested.
- SEMINAR — On Thursday, Oct. 30, Debu Tripathy, UCSF assistant professor in the division of hematology and oncology, will discuss how to cope with cancer treatment while on the job. Sponsored by the National Coalition for Cancer Survivorship and Amgen Inc., the seminar also features other speakers from 6:00 to 8:30 p.m. in the Merchants Exchange Ballroom, 15th Floor Ballroom, 465 California St., San Francisco. Reservations may be made by calling 1-800-796-4422.
- QUILT EXHIBIT — The Art for Recovery program at UCSF/Mount Zion will display its breast cancer quilts at several locations this month. More than 200 women have created squares for 10 large quilts over the past two years. The quilts will be on display at Bullock and Jones, 340 Post St., San Francisco from Oct. 13-17; and at the Race for the Cure in Sharon Meadows at Golden Gate Park on Oct. 19. For more information and other showings, contact Cindy Perlis, director of Art for Recovery, at 885-7221.

Domestic violence — not just a private problem

By LISA CISNEROS

Don't let the word "domestic" fool you. Domestic violence is just as much of a workplace concern as it is a home-based crime affecting almost four million women in the US every year.

At UCSF, most cases of domestic violence are reported from the Aldea San Miguel student housing or the Medical Center's emergency department, says Dennis Toomer, a UCSF police officer.

Seriously underreported and undiagnosed, domestic violence cases on campus mirror life on the street as most victims are female who usually choose not to press charges against their alleged abusers.

Many victims at UCSF have been Asian women, who for various cultural reasons and fear of retaliation, want to keep the incident quiet and undocumented, Toomer says.

UC police respond to a number of calls from health care professionals, who by law, must report suspected domestic violence cases when victims come to the emergency departments with injuries. For cases occurring off campus, UC police call the San Francisco Police Department to make a report. But, women are reluctant to make an official report to police for a number of reasons, Toomer says.

When responding to calls at student housing, police look to the victims for noticeable traumatic injuries, like a bruised eye. If the alleged offender is still on the scene, the suspect is automatically arrested, Toomer says. But even though battered victims may have placed the call to the police themselves, they still may not want to file a report.

National domestic violence statistics

- Every 7.4 seconds, a woman is beaten by her husband.
- One study showed that 30 percent of women presenting injuries in an emergency department were caused by battering.
- Some 30 percent of women murdered in the US in 1992 were killed by a husband or boyfriend.
- A study conducted at Rush Medical Center in Chicago found that the average charge for medical services provided to abused women, children and the elderly was $1,633 per person per year. This would amount to a national annual cost of $857.3 million.
- Close to half (48 percent) of all incidents of domestic violence against women discovered in the National Crime Survey were not reported to police.

"When they find out the offender may be going to jail, they change their minds," Toomer says. "Sometimes the victim will actually help the suspect flee, so they both turn on you. Those are the worst kind of calls to respond to."

Many victims fear that the situation will worsen after the arrest, especially when the offenders get out of prison. "We try to encourage them to make a report so we can document the crime and to get the victim and the suspect some help, but that's not always possible," Toomer says.

That leaves police with no other recourse but to give the victim referrals to various social service agencies and organizations, including the UCSF Women's Resource Center (WRC).

Intimately involved with the myriad of social woes that affect women at UCSF, the WRC is sponsoring several events during October, national domestic violence month. (See upcoming events.) "It's important that we recognize that domestic violence is not just a private matter," says Amy Levine, director of the UCSF Women's Resource Center. "I think we need to have a zero tolerance for domestic violence at UC and that we need to take the responsibility to eliminate domestic abuse through educational programs and by helping battered women escape abuse."

For some victims of abuse, the strength and support they receive from co-workers can make the difference in their attempts to get out of dangerous marriages or living situations, experts say.

Indeed, it takes the assistance of friends, family, colleagues and supervisors to create a safe, supportive environment at work. Sometimes supervisors need to give time off from work while victims seek shelter away from their abusers or go to court. Co-workers can also help by escorting victims to their cars in the parking lot at the end of the day.

If you are in an abusive relationship — some 11 percent of men are victims too — contact the WRC or the Faculty Staff Assistance Program for confidential advice. Victims may also call the national Domestic Violence Prevention Hotline, a toll-free 24-hour national crisis intervention, information and referral service at 1-800-799-SAFE.

Oct. 7–13, 1997

7 Tuesday

NEW EMPLOYEE ORIENTATION: 8:30-10:30 a.m., S 214. Call Leonard Florendo at 476-1073 to schedule.

TAY-SACHS SCREENING CLINIC FOR PREGNANT COUPLES: 9 a.m., UCSF Medical Center. Call 476-4080 for an appointment.

MEDITATION CLASS: Conducted by the Brahma Kumaris Meditation Center and sponsored by the Institute of Healing Arts and Sciences, 12-1 p.m., N 617. Free. Call 584-4416 to register.

8 Wednesday

NEWSBREAK MEDSOUNDS DEADLINE FOR NEXT ISSUE

STATE OF THE CAMPUS SPEECH: Chancellor Haile Debas, dean of the school of medicine, will give the state of the campus speech, noon, Cole Hall and answer questions about campus life and issues. See story on page 1.

BROWN BAG LECTURE: Sol Silverman, professor of oral medicine, presents *Stogies or Chaw: Bad News Whether You Light Up or Not.* Learn about the components of smoke-free tobacco and their effect on your oral and general health, 12:10-1 p.m., HSW 300. Sponsored by Public Service Programs. Free. Call 476-4394.

PANEL DISCUSSION: The UCSF Rape Prevention Education Program presents *Domestic Abuse: Silence=Violence,* 12-1 p.m., N 225. Women, family and friends will discuss personal stories about how they survived domestic violence. Call 476-5223.

LIEBERMAN LECTURE: Seth Landefeld, new chief of the division of geriatrics, presents *Caring for an Aging Population: New Directions for Geriatric Medicine in the 21st Century,* 5:30-7:30 p.m., MU Conference Center. Reception to follow. The Benjamin Lieberman Lectureship was established by family and friends of Lieberman following his death in 1984.

9 Thursday

DEPRESSION SCREENING DAY: Langley Porter Psychiatric Institute holds free screenings, 10 a.m. to 2 p.m., in the auditorium. Call 476-7586 for more information.

AIDS HEALTH PROJECT BENEFIT: The AIDS Health Project (AHP) presents *It Ain't Over Yet,* 5:30 p.m., Fairmont Hotel. Enjoy dinner, wine and dessert by some of San Francisco's most well-known restaurants in this benefit for the AIDS Health Project. Call 550-1650.

10 Friday

UCSF 5,000TH KIDNEY TRANSPLANT CELEBRATION

WORLD MENTAL HEALTH DAY

WELLNESS LECTURE: Karilee Halo Shames and Donna Guyor present *Energetic Approaches to Healing,* 12-1 p.m, HSW 300. Understand and experience the principles of new medicine, a philosophy and practice which combine the precision of modern science with the wisdom of ancient healing. Sponsored by the Institute of Healing Arts & Sciences and Millberry Fitness Center. Call 584-4416 or visit the website at www.m.lehrer@itsa.ucsf.edu.

MISSION BAY PLANNING: See upcoming events.

11 Saturday

YOM KIPPUR

13 Monday

COLUMBUS DAY

Deadlines near for merger employees

As November draws near and UCSF Stanford Health Care gears up for its launch, employees are under a tight deadline to make some final decisions. Those who accept employment with UCSF Stanford must complete benefits enrollment by Friday, Oct. 10.

Out of more than 11,000 employees from both campus medical centers, only 28 people were laid off as a result of the merger. Meanwhile, jobs have been added in other areas, such as laundry services, and a whole host of job opportunities, in publications for example, have been posted.

Employees hired by UCSF Stanford have until Oct. 10 to enroll for health, dental and retirement benefits. Employees must do the following: First, fill out the forms in the benefits open enrollment packet. Second, complete enrollment through the automated enrollment system.

The following forms must be returned to UCSF Stanford by October 10:

- Health Care Authorization Form,
- Universal Beneficiary Designation Form and,
- Personal Information Form.

When this paperwork is complete, employees should then fill out the Telephone Enrollment Worksheet and call the automated voice system at 1-888-547-8742 to sign up for the following benefits: medical, dental, dependent care spending account, supplemental life insurance, dependent life insurance, supplemental accidental death and dismemberment, short-term disability, long-term disability, pre-paid legal and retirement. When employees access the voice system, they will be prompted to enter their social security number and Personal Identification Number (PIN), which is the four digit number representing month and day of birth, e.g., if you were born today it would be "1003". Employees will then hear instructions on how to complete enrollment.

UCSF employees who have elected to be leased to UCSF Stanford should not complete the benefits enrollment; leased employees will remain in UCSF benefits plans. Employees who have chosen to be leased, however, may elect to become UCSF Stanford employees at any time. UCSF Stanford employees are guaranteed base wage equal to UCSF wage, recognition of UCSF length of service, ability to transfer or cash out earned time off (including conversion of one-half of their sick leave time into paid time off) and retiree medical benefits.

For those UCSF employees who enroll in UCSF Stanford benefits (except October new-hires), health, dental and life insurance coverage will become effective Monday, Dec. 1. UCSF has prepaid employee coverage in these plans and will cover employees hired by UCSF Stanford through the end of November. Benefits for UCSF October new-hires who become UCSF Stanford employees will go into effect on Saturday, Nov. 1.

The UCSF Stanford benefits hotline, which has counselors available to answer your questions from 8 a.m. to 6 p.m., Monday through Friday, can be reached at 656-4545 or by electronic mail at hr@ushc.org. Employees who are confused or upset over employment status, should call the Human Resources hotline at 656-4545.

UPCOMING EVENTS

Forum, national exhibit on domestic violence

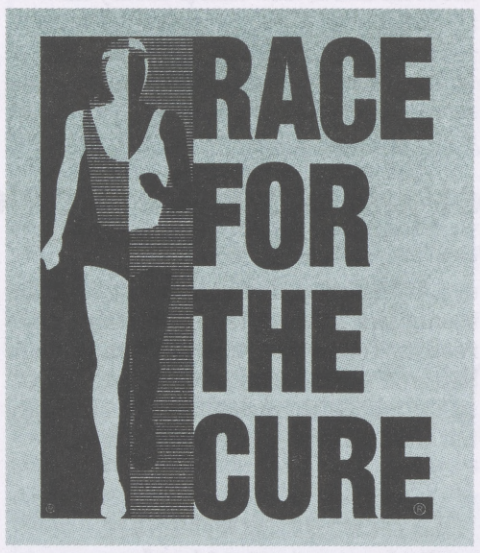
The UCSF Rape Prevention Education Program will present "Domestic Abuse: Silence=Violence" on Wednesday, Oct. 8, from 12 to 1 p.m., in N 225. Women, family and friends will discuss personal stories about how they survived domestic violence. Panelists will include a UCSF employee and experts in the field of domestic violence from La Casa de las Madres and Community United Against Violence. "The Silent Witness Project," a national memorial to women who were murdered by their partners, will also be on display at the panel presentation. The exhibit will be shown at the Mount Zion cafeteria, SFGH cafeteria and MCB main lobby on Oct. 15, 22 and 23, respectively. For more information, call Danielle Tillman at 476-5223.

Impact of Mission Bay

Keith Yamamoto, chair of the department of cellular and molecular pharmacology, is guest speaker for the Academic Business Officers' Group fall luncheon. He will talk about "Planning for the Next Millennium — The Impact of UCSF Mission Bay," on Friday, Oct. 10, from noon to 2 p.m., in the Millberry Union Gym. Cost is $10 for ABOG members and $20 for non-ABOG members.

UC management conference

Register now for the "Mission Possible: Managing our Mandate, Shaping our Future," Sunday through Tuesday, Oct. 26-28, at the Hyatt Newporter in Newport Beach. Keynote speakers will include President Richard Atkinson and Regent Ward Connerly. The pre-conference session will feature Tom Champoux of The Effective Institute. Designed for managers at all levels, the conference will cover topics such as future health care trends for academic medical centers, managing your manager, ethics and private issues in an electronic age and conflict resolution. For more information, contact Sue Crawford at 714-824-8282 or visit the website at http://www.ucml.uci.edu. Registration can be completed via the website.



Race for the Cure

The UCSF Cancer Center will be cosponsoring the Race for the Cure on Sunday, Oct. 19, in Golden Gate Park. Campus members are encouraged to sign up for this 5K run or walk, and join UCSF's race team. The annual event is sponsored by the Susan G. Komen Foundation, which raises money to pay for breast cancer research and early breast cancer detection programs. The SF event raises money to pay for mammograms for underserved women in the Bay Area. Last year more than 7200 participants raised $540,000.

The UCSF race team numbered around 80 last year, and organizers hope to double the participation this year. The cost per participant is $18. Team members will receive a UCSF T-shirt in addition to the official Komen Foundation T-shirt, and they will be entered into a raffle for prizes. For more information or for a registration form, call Stephanie Holt at the UCSF Cancer Center, 885-3683, email her at stephanie_holt@quickmail.ucsf.edu or call Keren Stronach at the Cancer Resource Center at 885-3693.

Dean's research seminar

The Dean's research seminar will be held on Monday, Oct. 20, from 3:30 to 5 p.m., in N 225 auditorium. The lecture will focus on the interface between the clinical and basic medical sciences in the treatment of a particular disease and will include a clinical discussion and case presentation, followed by a review of basic pathogenetic mechanisms. For more information, call 476-2342.

Mandatory reporting of domestic violence

Michael Rodriguez, assistant clinical professor of family and community medicine at SFGH, is the 1997 speaker for the California Wellness Lectures. Rodriguez will address "Mandatory Reporting of Domestic Violence: What Do Patients and Physicians Think?" at his lecture on Thursday, Oct. 23, from noon to 1 p.m. at Carr Auditorium, SFGH.

Rodriguez is a violence prevention consultant and advisor with the Centers for Disease Control and Prevention, Institute of Medicine, and Pan American Health Organization. He established the San Francisco General Hospital Violence Prevention Task Force and is co-director of San Francisco's Family Violence Council Health Care Committee. He teaches residents and medical students, conducts research and evaluates health policy while maintaining a family medicine practice.

Delivered by distinguished UC faculty, the lectures are presented each fall. The ongoing collaboration between The California Wellness Foundation and the University challenges faculty to develop research-based strategies and public policies to bring health promotion perspectives into the mainstream of health care delivery.

Mission Bay forum

A UCSF campuswide forum will be held on Tuesday, Oct. 28, from noon to 1 p.m., in HSW 303 to discuss and critique the proposed architectural plans for UCSF's campus at Mission Bay. The plans will also be exhibited in the MSB lobby, as well as several other locations in San Francisco.

Faculty social function

The Office of the Vice Chancellor Academic Affairs, presents a program to acquaint new and junior faculty with the campus and some of the resources available to them at UCSF on Wednesday, Oct. 29, from 3 to 5 p.m., in the MU Conference Center. Speakers will include Chancellor Haile T. Debas, Dr. Svein Oie, Dr. Kevin Shannon, Richard Lucier and Dr. Dorothy Bainton. For more information, call 476-5742.

Otolaryngology forum

The department of otolaryngology/head and neck surgery will present "The San Francisco Otology, Neurotology and Skull Base Surgery Update–1998," Wednesday through Friday, Nov. 5-7, at the Ritz-Carlton Hotel. The symposium will be chaired by Robert K. Jackler, department of otolaryngology/Head and Neck Surgery. In addition to UCSF's own faculty, faculty representing many of the UC campuses, Stanford University, and the University of Southern California, will participate along with special guests from throughout the country. Course fee is $475. For further information, call the UCSF Office of Continuing Medical Education at 476-4251 or visit the website at http://cme.ucsf.edu.